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		ENC	LOSURES (Check all	that anni		
Fee Transmittal Form Fee Attached Li Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD ks d is a Notice of Appeal and a	n Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
	SIGNA	TURE C	F APPLICANT, ATTO	RNEY, (OR AGENT	
Firm Name Signature Printed name	Signature Lame 1. Lembar					
Date	October 15, 2005 Reg. No. 34,374					
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature						

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James D. Leimbach

Typed or printed name

Date

October 15, 2005

PTO/SB/17 (12-04v2)
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	Complete if Known
pplication Number	09/805,748
iling Date	03/13/2001
_	plication Number

			Application Number	100/000,140	
FEE IKAN	TRANSMITTAL FOR FY 2005 Int claims small entity status. See 37 CFR 1.27 DUNT OF PAYMENT (\$) 620.00	Filing Date	03/13/2001		
For FY	200	5	First Named Inventor	Srinivas Gutta	
T Annii and alaima amali antitu a	Antun C	27 CED 4 27	Examiner Name	James A. Fletcher	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2616	
TOTAL AMOUNT OF PAYMENT	(\$)	620.00	Attorney Docket No.	US 010064	
METHOD OF BAYMENT (shee	l. all tha	t anniel			

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METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEA	FILING		SEARC	H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Smal Fee (\$) Fee (\$) 200 360							Small Entity Fee (\$) 25 100 180 ependent Claims
Total Claims - 20 or HP =	Extra Clair	<u>ns</u> <u>Fee (\$)</u> x	=	aid (\$)		Fee (\$)	Fee Paid (\$)
HP = highest number of tota Indep. Claims - 3 or HP = HP = highest number of inde	Extra Clair	<u>ns</u> <u>Fee (\$)</u> x	<u>Fee P</u>	aid (\$)			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (Fees Paid (\$)	
Other (e.g., late filing surcharge): Fee for Notice of Appeal and a Petition for a one month extension						620	

SUBMITTED BY	Λ	1 -1 1		
Signature	Samled	Limbal	Registration No. (Attorney/Agent) 34,374	Telephone (585) 381-9983
Name (Print/Type	James D. Leimb)ach		Date 10/15/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.